

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 6-93c)

See Instructions and *Privacy
Statement On Reverse SidePage 1 of 11 Pages

CLAIMANT'S NAME Lynn Daucher			SSN or EMPLOYEE NUMBER*			DEPARTMENT CDA		
POSITION		CB/ID No.	DIVISION or BUREAU 5000 Director's Office				INDEX NUMBER 5000	
RESIDENCE ADDRESS *			HEADQUARTERS ADDRESS 1300 National Avenue, Suite 200				TELEPHONE NUMBER (916) 419-7500	
CITY		STATE	ZIP CODE		CITY		STATE	ZIP CODE
					Sacramento		CA	95834

(1) MONTH/YEAR		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION				(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) DATE TIME				(5) BREAK-FAST	LUNCH	O.T., L.T. N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES			AMOUNT
6/24	0624	Sacramento, CA					334.40	A,C	29.00				363.40	
6/25		Washington, D.C.										425.00	425.00	
6/26		Washington, D.C.	226.56					C	9.00				235.56	
6/27		Washington, D.C.	226.56					C	9.00				235.56	
6/28		Washington, D.C.	226.56					C	9.00				235.56	
6/29		Washington, D.C	226.56					C	9.00				235.56	
6/30	1415	Ontario, CA					235.40	A,C	29.00				264.40	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
													0.00	
(10) SUBTOTALS			906.24	0.00	0.00	0.00	0.00	569.80		94.00	0	0.00	425.00	1,995.04
COLUMN CODE (ACCTG. USE ONLY)														

CLAIM TOTAL

0.00

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Purpose: participate in NASUA OAA Reauthorization Policy Forum, a meeting of State Units on Aging, to develop consensus on recommendations for the upcoming reauthorization of the federal Older Americans Act, CDA's funding source.

Source of funding for trip: NASUA will pay \$1,570.04. Registration fee \$425 - federal funds.

NOTE: Except for the registration fee, this is a no-cost trip to the State of California. This document is being posted in compliance with Executive Order S-20-09.

(12) NORMAL WORK HOURS

(13) PRIVATE VEHICLE LICENSE NUMBER

(14) MILEAGE RATE CLAIMED

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE

DATE

(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT

DATE